APPLICATION FOR UNITED STATES PATENT
Declaration and Power of Attorney

米国實擢者 (01202)
00p00572

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: 1 CERAMIC HONEYCOMB EXTRUSION APPARATUS AND METHOD OF EXTRUDING CERAMIC HONEYCOMB BY UTILIZING described and claimed in the specification: _SUCH APPARATUS_

Check one

a. [ ] attached hereto.

b. [X] filed on February, 26, 2002 as Application Serial No 10/082,141 and amended on _____ ;
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). Under Title 35 U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2001-56,403 filed March 1, 2001

The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of American either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

2 *If there are no corresponding applications,*
insert "NONE".

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

Roger W. Parkhurst, Reg. No. 25,177; Charles A. Wendel, Reg. No. 24,453; and/or Lawrence D. Eisen, Reg. No. 41,009

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO PARKHURST & WENDEL, L.L.P., 1421 Prince Street, Suite 210, Alexandria, Virginia 22314-2805 Telephone: (703) 739-0220.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3 Typewritten Full Name of Sole or First Inventor	Satoru		INOUE
	Given Name	Middle Initial	Family Name
*4 Inventor's Signature	Satoru		Inoue
5 Date of Signature	April	17,	2002
	Month	Day	Year
6 Residence	Hazu-Gun,	Aichi Pref.,	Japan
	City	State or Province	Country
7 Citizenship	Japanese		

8 Post Office Address (Insert complete mailing address, including country) c/o NGK INSULATORS, LTD., 2-56, Suda-Cho, Mizuho-Ku, Nagoya City, Aichi Pref., Japan

*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.
**Note to the Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☐

3 Typewritten Full Name of
Second Joint Inventor (if any)   Kenji   YAMADA

Given Name	Middle Initial	Family Name

*4 Inventor's Signature   ☞   _Kenji_   _Yamada_

5 Date of Signature   ☞   April   17,   2002

Month	Day	Year

6 Residence   Nagoya City,   Aichi Pref.,   Japan

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7 Citizenship   Japanese

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Aichi Pref., Japan

3 Typewritten Full Name of
Third Joint Inventor (if any)

Given Name	Middle Initial	Family Name

*4 Inventor's Signature   ☞

5 Date of Signature   ☞

Month	Day	Year

6 Residence

City	State or Province	Country

7 Citizenship

8 Post Office Address
(Insert complete mailing
address, including country)

3 Typewritten Full Name of
Fourth Joint Inventor (if any)

Given Name	Middle Initial	Family Name

*4 Inventor's Signature   ☞

5 Date of Signature   ☞

Month	Day	Year

6 Residence

City	State or Province	Country

7 Citizenship

8 Post Office Address
(Insert complete mailing
address, including country)

3 Typewritten Full Name of
Fifth Joint Inventor (if any)

Given Name	Middle Initial	Family Name

*4 Inventor's Signature   ☞

5 Date of Signature   ☞

Month	Day	Year

6 Residence

City	State or Province	Country

7 Citizenship

8 Post Office Address
(Insert complete mailing
address, including country)

*Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.
**This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims)
of the application to which it pertains.